WITH INFADING INK_THIS IS A PERMANENT RE AGIN RESERVED FOR BINDING

STATE	OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	+ -	(31)
County Worlds	ur	Registration Dist. No. 1 2 2
Village or City Length of residence In city or torn where	Marlina Police P	Octo. St., We death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of toreign birth? yrs. mos.
(a) Residence: No.	· Mastins	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
Herrale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF 16 (Day) (Yeer
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Edward	aydellotte	22. I HEREBY CERTIFY, Thet I attended deceesed
6. DATE OF BIRTH (month, day, end yeer)	18691.1872	I lest sew Le elive on OST 16 , 1935; deeth is
7. AGE Years Months	Days If LESS then 1 dey,hrs. ormin.	to heve occurred on the data steted above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this necuration (month and	Housewife	Chr. Int nephrilis
10. Date deceesed last worked et this occupation (month and yeer) 12. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation	Other Contributory Canses of importence:
13. NAME 14. BIRTHPLACE (city or town)	mannis	Name of operation Dete of
(State or country)		Whet test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME LLW 16. BIRTHPLACE (city or town) (State or country)	nd Sthards	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT Edward (Address)	eydellette	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL	Legoere Oct 18, 19 35	Manner of injury
19. UNDERTAKER 1. 13. 13. 13. 13. 13. 13. 13. 13. 13.	turbaged,	24. Wes diseese or Injury In any wey releted to occupetion of deceased?
20. FILED Oct 18, 1936 - I	Megallord.	(Signed) Las. R. Haw.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onse of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis NOV 4 1875	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT REALD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	A-
in a	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
o ma	00
y ite	it of
Ever	emer
kD.	stat
PH	act
T RI	E
TIL	fied.
MAN	assi
PEREX	ly cate.
A ated	oper-
IS IS	e pr
HT-Id b	ay b
-KK-	it m n ba
GE	hat ns o
DIN A	so t
VFA	rms, nstru
idns	n tel
VITH	plai t. S
Y, V	H in
e e	EAT
PLA	F D
TE	SE O
WRI	AUS
B.—	CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
ż	(

STATE OF MARYLAND	CERTIFICATE OF DEATH 11417
1. PLACE OF DEATH County Worcester	(3)
- 1 01/-:	Registration Dist. No. 51 ±
Village or City hear Melloune.	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred all yes. Thos	
2. FULL NAME Lettre Ballard	If U.S. Veteran apecify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. // , 193 5 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of June Gallaid	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March . 1857	I last saw h. A. alive on Oct. 3, 1935; death Is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11- 24 m.
78 Unka 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Valvulas Disease of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Heart and chrotic
10. Date deceased last worked at this occupation (month and year)	nephritie 2 yrs
12. BIRTHPLACE (city or town) Workstern (State or country) Workster	Other Cantributary Causes of Importance:
13. NAME George Jeagle	
13. NAME Leage Jeagle 14. BIRTHPLACE (city or town) Milandary (State or country)	Name of operation — Date of
(State or country) Worsester Cs.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Jaylor 16. BIRTHPLACE (city or town) Multiporth	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Merrough	Accident, suicide, or homicide?
E (State or country) Morcholer	Where did injury occur?
17. INFORMANT Jung Ballard (Address) Well Aurue was	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Maratterin Date Oct. 13 1935	- Nature of injury
19. UNDERTAKER Monday Shields	24. Was disease or injury in any way related to occupation of deceased?
FILED Q ct 12, 1935 Mary M. Laylon Registrar.	(Signed) John De Deckelson M.
If more blanks are moded address Seets Projector	A Charles Street Belinners Province 7) S No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 8 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11418
1. PLACE OF DEATH	119
County / Worcester	Registration Dist. No. 3
Wiffagarreity Luow Vill	NoSt.,Ward
Length of residence in city or town where death occurred see mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds,
II Edward Off 6	
2. FULL NAME 70 - CO.	AT V.D. VERNAM SPECITY II Albanization and a second and a
(a) Residence (No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 3. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Furrice Little word)	21. DATE OF DEATH O (Month) (Day) (Year)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of	22. SHEREBY CERTIFY. That I attended deceased from Sept. (D 1935 to Oct 2 1935
6. DATE OF BIRTH (month, day, end year) 4, 10, 35	I last saw h /m alive on 9.10.35,19 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, et 2m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	Sianher & mentes 1/2/35
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	11 man to the
1 11 0 000	The state of the s
E 1 1 1 1 10	Name of operation
Z 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Clerrical Was there an autopy 10
# 15. MAIDEN NAME Hermine Chaters	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Hermine Waters 16. BIRTHPLACE (city or town) - Show Aille	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Sloke Shows Kill md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mt Wesley, Date 10/3/ 1930	Nature of Injury
19. UNDERTAKER John Holland, R. 41,	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1093, 1935 Refor Servit.	(Signed) + Walsche Md M. D. (Address) Suw Hill Md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1 41

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

I.LY, WITH UNFADING INK-THIS IS A PERMANENT REC

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be earefully supplied.

-WRITE PLA

N. B.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	1	1	9	
L	- E	T	ľ	6.7	

1. PLACE OF DEATH	(1)
County Warlester	Registration Dist. No. 352
///	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth? yrs. mos. ds.
1 . 12 .	on
(a) Residence: No. Isomosphica (Would place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIYORCED (write the yord) OR, DIYORCED (write the yord)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Murtha Brown	22. 1 HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, dey, and yeer) March 12 /866 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the deta stated above, et
Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, es SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and yaer) 11. Totel time (yeers) spant in this occupation	Carcinomy Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country) La 13. NAME William / 3 cover	
13. NAME William / 3 savviii 14. BIRTHPLACE (city or town) Mid (Steta or country)	Neme of operation Date of Date of What test confirmed diegnosis? Wes there en aulopsy?
15. MAIDEN NAME Elizabeth fradder 16. BIRTHPLACE (city or town) 17. INFORMANT Obarles & Brayer (Addrass)	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following: Accidant, suicida, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Congress Date Out. 6, 1935	Mannar of Injury
19. UNDERTAKER / Was Saisburge	24. Was disease or injury In any way raletad to occupetion of degreesed?
20, FILED OCK 6, 1938 - IV Hernford, Registrat.	(Signed)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Arteriosclerosis Fig. 600 Fig. 100 Fig	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 100 4 1905	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1003	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
transhormation of mother of name see buth	
certificated and letter filed unda Jaylor 1-14-36.	
	,

V. S. No. 1

1. PLACE OF DEATH	(119)
county Working	Registration Dist. No
Village or City Snow Hill	NoSt.,Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S.If of foreign birth?yrsmos
2. FULL NAME William Corbin	
	C. Wand
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (parite the word)	21. DATE OF DEATH lober 3 193 G (Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year) Carib 31 /936 AGE Years Months Days If LESS than 1 day, hrs.	I lest saw h alive on, 19, 19, death is s to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation	no Physiceae he allowed to anae at tone of death. Those historia a Physice acid cause of bleath was probably bleaphlitis. Other Contributory Causes of importance:
(State or country) 13. NAME O O O O O O O O O O O O O	<u> </u>
13. NAME Oah I Man (anknown) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Tutte Colbin.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) (INFORMANT AD OBET MANY COLORS (STATE OF COUNTRY)	Accident, sulcide, or homicide?
B. BURIAL, CREMATION, OR REMOVAL PIECE / Yuth Chaf Date (CL 14, 19	Manner of injury Nature of injury
O. UNDERTAKER Show S. Williams (Address) Snow till med	24. Was disease or injury in eny way related to occupation of deceased?
D. FILED 10/3/, 1935 PERcy Secreth,	(Signed) LELOY Deveth L. Roy "M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 4 1935	July 5,1927	Peritonitis	3 days ago
PUREAU V. S	3. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

1.	PLACE OF DEATH			<u> </u>	
	County Worces	lin		Registration Dist. No. 3 5	
	Village or City Near	Surve	Heal	NoSt.,	War
	Length of residence in city or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and number of the low long in U.S. if of foreign birth?yrsmore	
	FULL NAME Acofo	- bod		# 2 If U.S. Veteran specify WAR	
۷.	/		-Orlander	St Ward.	
	(a) Residence: No.	(Usual place o	of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	ex 4. color or race	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Oct 13 (Day)	193 5 - (Year)
5a. I	If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended of	
	(1)	et 13	1935		
6. D	ATE OF BIRTH (month, day, and year) GE Years Months	Days	If LESS than	to have occurred on the date stated above, at 5. A. m.	, death is s
	0 0 0	.0	1 day, Ohrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	,
2	8. Trade, profession, or particular	- 1 1 1 1 2	1 01-1-02-111111	Still form: 00 says	Date of one
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0		midwife.	
UPA	9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0		740	
OCCUPATION	10. Date deceased last worked at this occupation (month and	11. Totel ti	me (years) It in this	Nociozius alluanies	
	year)	octu	pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) . The	- Dur) Thee		
œl	(State or country)	mol.			
I	13. NAME Les Cor	- no			
FAT	14. BIRTHPLACE (city or town) (State or country)	week	Va	Name of operation Date of	
2	15. MAIDEN NAME DO COM	i. I	land.	What test confirmed diegnosis?	
OTHE	h =	Sol lo	ing	Accident, suicide, or homicide?	
2	16. BIRTHPLACE (city or town) (State or country)		Va	Where did injury occur?	
17.	INFORMANT Lege Core (Address)	Price	-	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	
18.	BURIAL, CREMATION, DR REMOVAL	A 1	. 10 20	Manner of injury	
	Place Farflow for	Wate Ol	7. 13, 193S	Nature of injury	~ ~ ~ ~ ~ ~ ~
19	UNDERTAKER Lather	Lee C	our	24. Was disease or injury in any wey related to occupation of deceased?	1400
15.	(Address) now I work	Hill		If so, specify	7 7
	12/19 5 = 0	(A)	J AL	(Signed) Chay built a. 1	29 9

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis NOV 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage PUREAU V. S.	July 5,1927	Peritonitis	3 days ago
NUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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)	m of ir	plnou	OCCI	
	ite	20	of.	
AARGIN KESEKVED FOR BINDING	N. B.—WRITE PLAIM, Y, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	3	HX	t st	
	REC	Д	Exac	
	T	LY.		
2	NE	CI	ified	
	MA	XA	lass	
2	PEF	回	·ly (ate.
OK	A S	ated	oper.	TION is very important. See instructions on back of certificate.
7	SIS	e st	e pı	f cel
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五天	K	hou	t ma	bac
E S	N	E	lat i	S OI
7	ING	AC	th os	tion
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V. S. No. 1	B.—	T.		-
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L. PLACE OF DEATH		(159)	3	1-0
County Warlesfer	••••••		Registration Dist. No. 3	
Village or City Audum			tution, give its NAME instead of street for foreign birth?yrs	
M.	occurredyrs	1. Denside		
2. FULL NAME	Manne, if	and some me		
(a) Residence: No. / Dulla	(Usual place of abode)	St., Ward.	If nonresident give city or tov	-
PERSONAL AND STATISTICA			CERTIFICATE OF DEA	IH
	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write tha word)	21. DATE OF DEATH	Oct (Month) (Day)	1925 Year)
. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	net 30	22. I HEREB	Y CERTIFY, That I at	tended deceased from
Fa	11/924		19.38 to USE	9 2 2 death Is sai
AGE Yaars Months	Days If LESS than	to have occurred on the data str		J_CZY, Geath is sai
	3 1 day,hrs.		ATH and related causes of important	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc				
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc		From	matine but	K
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spant In this occupation			
2. BIRTHPLACE (city or town)	<u>d</u> .	Other Contributory Causes of in		
13. NAME Hranh Ma	russian			
13. NAME HAALM / JA 14. BIRTHPLACE (city or town) / JA (Stata or country)	18,0	Name of oparation What tast confirmed diagnosis?	nine	era an autopsy?
15. MAIDEN NAME Jennie. 16. BIRTHPLACE (city or town)	Small		causes (VIOLENCE) fill In also tha f	ollowing:
16. BIRTHPLACE (city or town) (State or country)	A.,	Accidant, suicide, or homicide?. Whera did injury occur?	Date of Injury.	
7. INFORMANT Thanh M.	richson	Spacify whathar injury occurred	(Specify city or town, county in INDUSTRY, in HOME, or in PUB	ELIC PLACE.
B. BURIAL, CREMATION, OF BEMOVAL Place	Date Oct 4, 1930	Mannar of injury		
9. UNDERTAKER (Addrass)	stogg	24. Was disaase or injury in any	y way related to occupation of daceas	sed? ho
0. FILED OCH # , 19 35-DN	Mumford Wello Registrar.	(Signad) (Address)	a Holland	м.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I.	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

5'480

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22:0)
County Workeller	Registration Dist. No. 355
Village or City Berlin	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME DOLL TO THE TOTAL	
(a) Residence: No. Bellen and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DE THE Month (Day) (Year)
M. If married, widowed, or divorced HUSBAND of ((or) WIFE of	22. THEREBY SERTIFF. That attended deceased from
James 41 aprille	Oct 36 35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on , 19 Odeath is said to have occurred on the data stated above, at 10 15 m.
Obsert 74 1day. hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as 100 pows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Peretonetis_
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 1D. Data deceased last worked at OPL this occupation (month and	
1D. Data deceased last worked at this occupation (month and year)/933	
12. BIRTHPLACE (city or town) Berlin	Diher Contributary Causes of importance:
(State or country)	perangualed
13. NAME and Jaylor	neruja
14. BIRTHPLACE (city or town) Belsen (State or country)	Name of oparation
(State of country)	What test confirmed diegnosis? Was there an autopsy
I different in the second	23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Basker Taylor (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL GLASS Date art 31, 193>	Manner of injury
19. UNDERTAKER James 4. Slewart	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-30- 195 Helen & Haywa	(Signed) Cliffond E. Okatt M. D. (Address) M. Berlin M. D.
TC 12 1 1 1 1 C 1 P	

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	Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURBAU V.	5. July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones ,		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, addre

state

1. PLACE OF DEATH

20. FILED LA

STATE OF MARYLAND—CERTIFICATE OF DEATH

prite the word)	(Month) (Day) (Yeer)
	22. I HEREBY CERTIFY. That I attended deceased from Sept 20 , 19.3.5, to Cet 3 , 19.3.5.
1935.	I last saw h. an eliva on
If LESS then day,hrs.	to have occurred on the date stated above, at
	marasmus 3 mont
(years) this on	Juloulous moningities a Duration: one week, Other Contributory Causes of importance:
	menngites stuberculous in oir 8/1 20
ry	gin,
F	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
sett	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Data of Injury, 19
the	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
3,,1935	Manner of injury
mid.	24. Wes disease or injury In any wey releted to occupetion of deceased? If so, specify (Signed) M. D.
Registrar.	(Address) Delm mdi
ss State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN	
Jorname	of chi	ld se	e last !	certificate	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Woccesier:	Registration Dist. No. 355
Village or City Price dollar Berlin	RNOF, D. St., Ward
\sim	Beath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
000001.1	
2. FULL NAME Charles C. district	P. D. Ward.
(a) Residence: No. The Willes (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23
male white. wedower.	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Cor) WIFE of Eva Listure.	22. CHEREBY CERTIFY, That I attended daceesad from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
8 0 1 1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8: Trede, profession, or particular kind of work done as SPINNER.	Programme of the second
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	luguer cerons funding
9. Industry or business In which work was done, as SILK MILL, Petured Farmers.	
10. Date decaased last worked at this occupetion (month and spent in this	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	aryon report
H 700 4 10	Neme of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME COMP Davis	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Jame Davis 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide?, 19, 19, 19
State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs - Edward Dewnis (Address) Berlin md. P. A. D.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Evergreen Date Och. 25, 1935	Nature of injury.
19. UNDERTAKER De Burboge.	24. Was disease or injury in any way related to occupation of daceased?
(Address) Berlin gnd.	If so, specify
20, FILED 10-25- 185 Helen J. Haywar	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
THE RESERVE WAS A STREET				

ADDITIONAL SPACE FOR FI	URTHER	STATEMENTS	BY	PHYSICIAN
-------------------------	--------	------------	----	-----------

1. PLACE OF DEATH	-	942 : 5 -	-,
County Novelle		Registration Dist. No. 3 &	/
Village or City er mont	ill	NoSt.,	Wa
Length of residence In city of town where death occurred.		death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAME James Ti	a has	20-	
(a) Residence: No.	ough	If U. S. Veteran, specify WAR	
(Usual place	e of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH States	1
Male Colored In	rde	(Month) (Day)	, 193() (Yeer)
5a. If married, widowed, or divorced HUSBAND of	8	22 O A HED FOY CEDILEY 514	
(or) WIFE of North Tyn	out	22. HEREBY CERTIFY That I attended	100
6. DATE OF BIRTH (month, day, end yeer)	790	1 last saw him elive on Oct. 19 1935	: deeth is
7. AGE / Years Months Days	If LESS than	to have occurred on the date stated above, et. 6. A m.	,
Shout 413	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were es follows:	
8 Trade, profession, or perticular	/	were estoriows.	Date of o
kind of work done, es SPINNER O Tann SAWYER, BOOKKEEPER, etc.	ren		>.
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SIL MILL, SAW MILL, BANK, etc	20	Coronary / hrombons	un
SAW MILL, BANK, etc.	time (years)		
this occupation (month and) / /2/ spe	entin this	4./	
0 4 /		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	in/	Plant Bar Kank	
13. NAME Boot to		- Committee of	
14 RIRTHPI ACE (city or town)	-	Name of operation	
14, BIRTHPLACE (city or town)		What test confirmed diagnosis? Currently Was there an a	
15. MAIDEN NAME AGOVET K	MANNET TO THE PARTY OF THE PART	23. If death was due to external causes (VIOL ENCE) fill in also the following	aropsy:
15. MAIDEN NAME AOOO 1.	11	Accident, suicide, or homicide? Date of Injury	
(State or country)	4_1	Where did injury occur?	,
17. INFORMANT MAGEL 13 SOLO	len	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	ACE.
18. BURIAL CREMATION, OR REMOVAL	-500	Manner of Injury	
Places hu Schiff Dat Co	25_,1925	Nature of injury	
10 HADESTAKED If m Chrilea		24. Was disease or injury In eny way related to occupation of deceased?	NU
19. UNDERTAKER (Address)	lier	If so, specify	1
10/21 3- Rep.	20 Page O	(Signed) Tollalsely	e
20. FILED 19 30 ~ C/Cocy L	HILLIAM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car Juy 5,1927 Peritonitis Other contributory causes of importance:

certificate.

See instructions on back of

TION is very important.

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L. PLACE OF	DEATH			927	, Dertin 1	1400
	County	Norcester	Ŵ	THE SOUPCE		Registration Dist. No.	350
	Village or City.	Locomoke.	City		No. 618 Clarke	Ve. St	Ward
				(II	f death occurred in a hospital or institution,ds. How long In U.S. If of for	give its NAME instead of street	and number)
		J.Herber					mosds.
						cify WAR	
	(a) Kesidence:	No. 618 Cla	(Usual place		St., Ward.	If nonresident give city or town	n and State
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CER	TIFICATE OF DEAT	
	SEX 4	COLOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Pocomoke City O	etober 31st.	, 193_5
5a.	If married, widowed, HUSBAND of (or) WIFE of Be	or divorced Scie Hayma	n		22. I HEREBY C	ERILFS. That I atte	(Year)
6	DATE OF DIPTU (mos	nth, day, and year) , [7]	220 O+la	1877.	I last saw h. Head alive on Q		19.50
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated abo		; death is said
	58	4	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH an		
-	0.5.1	n, or particular			were as follows:		Date of enset
OCCUPATION	work was do SAW MILL, E 10. Date deceased in this occupation	ast worked et Sep on (month and 193	11. Total til spen occu	me (years) 25 pation	Other Coutributory Causes of important	gra gra	1934
12.	BIRTHPLACE (city or (State or country)	town) LOCOMOK	e City,		9	9	n fres
ER	13. NAME J . Ha				even	- Culvelis	- Constant
FATHER		y or town) Wico	mico Cov	inty	Name of operation		
IER	15. MAIDEN NAME	lenrietta !	Full		23. If death was due to external causes (
MOTHER	16. BIRTHPLACE (cit (Stete or cou	y or town). Some	rset Con	nty	Accident, suicide, or homicide?	Date of injury	
	(Address) 200	s.Bessie H comoke Cit	ayman y, Maryla	ind.	Specify whether injury occurred In IND	Specify city or town, county and DUSTRY, In HOME, or In PUBLI	d State) C PLACE,
18.	BURIAL CREMATION	OR REMOVAL			Manner of Injury		
	Place Tocom	oke City;	Pate Nov.	3rd., 19.35.	Nature of injury		
19.		usuf L	Jeve y, Mary 1:	uson.	24. Was disease or injury in any way re	lated to occupation of deceased	7
20.	FILED DU 3	, 19 34	1/	Registrar,	(Signed) (Address)	astornes	M. D.
		If more	blanks are needed, an		2411 N. Charles Street, Baltimore, Requests	ng V. S. No. s.	4-11-11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

me per all

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.	1	Example II		
The principal cause of death and related causes of importance were as follows: 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Warella	Registration Dist. No. 312
Village or City / Durlin Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Nead Barns	Infant Henry.
(a) Residence: No. / Burling and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Q. 1 1 1 9 3 6 -	I last saw h aliva on, 19; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as lonows: Oate clonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ΙΑ
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and	Dead Barn
SAW MILL, BANK, etc	
O this occupation (month and spent in this occupation coupation coupation spent in this occupation spent in the spent in this occupation spent in the spent in	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance
(State or country)	Midwill :
13. NAME Calvin Hereby to	no Physician in altendence
13. NAME Colors Lergy JU 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
(Otale of addition)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Elizabeth Robbein 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Calvin Lenry Ju	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL	Mannar of injury
Place St. facels Oata Oct. 4, 19.30	Nature of Injury
19. UNDERTAKER J. W. Bullage (Address)	24. Was disease or injury in eny way related to occupation of deceased? If so, specify
20. FILEO Det -4, 1955-I V Moregaford, Registrar.	(Signed) & Wouseful Reguliso (Address) / 3 island Mad
707	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 4 1935				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	y		
z	N. B.—WRITE PLAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info	y item of inf	fo
(mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	S should st	ta
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	t of OCCUF	P
	TION is very important. See instructions on back of certificate.		

The state of the s	-CERTIFICATE OF DEATH 11430
1. PLACE OF DEATH	
County / preply	Registration Dist. No. 355
Village or City / Duslin Md	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 5 yrs	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hannah & 2	Lenny
(a) Residence: No. 13 cellin Mid	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
Unide While Married	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of Just 6, Juny	22. I HEREBY CERTIFY, That I attended deceased from
B. DATE OF BIRTH (month, day, and year) March 15 186	I last saw h alive on
7. AGE Years Months Days If LESS than	
74 7 1 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	- all a fly Raray Done
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
this occupation (month end / 4 3) spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Conce sellice less in a west,
(State or country)	
13. NAME The N. Showell	
4 14. BIRTHPUACE (city or town)	Name of operation
xi / /// // // // //	What test confirmed diagnosis?
E THOU	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
New E. Wenny	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address)	
18. BURIAL, CREMATION, QR REMOVAL	Manner of injury
Place Chiscopal Date Olt 1/8,190	Nature of injury.
19. UNDERTAKER 1 - W. Burbage (Addiess) 3 which	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-18- , 1995 Helen F. Haywar Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance: Gastroenteritis	
Gaustones	May 1,1923	Gustroenteruts	1 year

PHYSICIANS should state Exact statement of OCCUPA-RD. Every ALY WITH UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA

V. S. No. ż

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11431
1. PLACE OF DEATH	THE TOUFGER'S MENTS OF
County Wagnester.	Registration Dist. No.
Village or City Posouro Le Cel, (if	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long to U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Jaromaki Ciz	Mary Cana
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 10-23-35	I last saw h ative on, 19; death Is said
7. AGE Steel Control Iday,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end rolated causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Oate of onsot
SAWYER, BOOKKEEPER, etc	1+10
work was done, as SILK MILL, SAW MILL, BANK, etc	Stell Toru
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Cocomoste Gel 7 (State or country)	Other Coutributory Causes of importence:
, party case	
14. BIRTHPLACE (city or town) A promote Cog 1	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Fauguer Zoas 25 16. BIRTHPLACE (city or town). To comply Chief.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) To comple (State or country)	Accident, suicide, or homicide?
The Nach.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Comments as and	
POCOMOKE CITY Date 23, 1925	Manner of injury
19. UNDERTAKER POCOMOKE CITY	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Out 23, 1925 John T. Reley	(Signed)
Registrat.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		of importance were as follows:		4
Arterioselerosis	1915	Attack of epilepsy	3 .V UAHATTS	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 aveek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	9861 % NON	3 days ago
			GEOGINED	
Other contributory causes of importance:		Other contributory can	uses of importance:	to the second
G nes	May 1,1923	1ay 1,1923 Gastroenteritis		1 year
Α.Α.				

JRD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	
County Worcester TE LIMITE OF	Registration Dist. No. 35/
Village or City WITHINGTON Will	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 9 mos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME William Jackson	If U.S. Veteran specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWAD, OR DIVORCED (write the word)	21. DATE OF DEATH TOURS 70 1936
56. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Manuel Jackson	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) June 15 1890	Hast saw h. we alive on OG 22704 ,1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 A. m.
45 4 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end raiated causas of importance were es follows:
8 Trada profession or particular	Typhoie fever Date of onest
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. SILK MILL, SAW MILL, BANK, etc. SAW MILL, Etc. SAW MILL, BANK, etc. SAW MILL, Etc. SAW MILL, BANK, et	
Shindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	***************************************
- 18 sharing time occupation (month and 1972)	7
year) occupation 47 400	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Hackson	
13. NAME Fackson 14. Birthplace (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? LANCE——— Was there en eutopsy? No.
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
State or country) Many Canal	Whare did injury occur?
17. INFORMANT ellemil ackson/	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL SEEMATION/OR REMOVAL	
Piace oal string Dat Det. 22 19.35	Manner of injury
19. UNDERTAKER Williams Stalleaus	24. Was disease or injury in any way related to occupation of deceased?
10 31-900 0 Voled	If so, spacify Some and I) Me and o
20. FILED 10721, 1938 TELDE Desett	(Signed) State of Control of the M.D.
Registrar.	(Address) Suow Auf up

-WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	**	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEAT plnods item of County. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How iong in U.S. if of foreign birth?______yrs._____ds. Length of residence in city of town where statement death occurred 2. FULL NAME D. Ward (a) Residence: No. (Usual place of abode) If unnresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT ACTL (Month) (Oay) (Year) classified. 5a. If married, widowed, or divorced HUSBANO of 22. That Jettended descesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Days 7. AGE If LESS than proper Years Month: to have occurred on the date stated above, at. stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. IS were as follows: Oate of onset . Trade, profession, or particuler THIS OCCUPATION kind of work done, as SPINNER, pe jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. back may plnods SAW MILL, BANK, etc., on 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation_ See instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country supplied FATHER 13. NAME 14. BIRTHPLACE (city or town). plain (Stete or country) réfully What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT mation should (Address) OF 18. BURIAL, CREMATION, OR RE Manner of injury WRITE 0 SE LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) so, specify ğ Registrar. (Address) -If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis HE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 4 1955	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA.

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RE	ING I	AGE
AARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	WITH	efully
	LY,	e car
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	WRITE	mation should be carefully
7		H

N. B.-WRITE PLAN

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	
	county Worsester	Registration Dist. No. 355
1	Village or City 13 Irlin Md	No. St., Ward
	Length of residence In city or town where deeth occurred 30 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	2. FULL NAME (Maggie Purne	ll
	(a) Residence: No. / Hellin Ond (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF PEATH 8, 193 5 (Month) (Day) (Year)
	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22 I HEREBY CERTIFY That I attended deceased from
	101111111111111111111111111111111111111	100 00 to 000 8 1000
ate	6. DATE OF BIRTH (month, day, end yeer)	to have occurred on the date stated ebove, at 3
certificate	50 6 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
of cer	8 Trade profession or particular	were s follows: Date of onset
back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Data deceesed lest worked at this occupation (month and	
no	10. Date decessed lest worked at this occupation (month and yeer)	
instructions	mad	Other Contributory Causes of Importance:
ruct	12. BIRTHPLACE (city or town) (State or country)	not - Presion
nstı	13. NAME Thenry Bithalds	7
See i	13. NAME Verry Othards 14. BIRTHPLACE (city or town) & Mal	Neme of operation Deterbi
ďΩ	(State or country)	Whet test confirmed diagnosis Observation was Root of sulopsy?
ınt.	15. MAIDEN NAME Lester J. Hammena	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME Letter & Hammen	Accident, suicide, or homicide? Dete of Injury, 19
mp	(State or country)	Where did Injury occur? (Specify city or town, county and State)
very i	17. INFORMANT Williams Frisheld (Address) Bushin Ma	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Att., Malls Dete Cold 10, 1935	Nature of Injury
TION	19. UNDERTAKER 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	24. Was disease or injury in eny way releted to occupation of deceesed?
>	20. FILED 10-10- 135 Helen J. Haywa	(Signed) Clafford 6. Okolt M. D.
	Registrar. If more blanks are needed, address State Registrar.	(Address) BOUNELLE 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	, , , , , , , , , , , , , , , , , , , ,	-7 C Dutimore, Acquesting U. 3. 140. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	1 13 15
The principal cause of d of importance were as fo	llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrili		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred statement SICIAN PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4 COLOR OR RACE OR DIVORCED (write the word) PERMANENT BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 囟 6. DATE OF BIRTH (month, day, and year) 7. AGE Months 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RGIN RESERVED SAWYER, BOOKKEEPER, atc back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) should be carefully HER important. 15. MAIDEN NAME MOT 16. BIRTHPLACE (city or town). (State or country) very 17. INFORMANT

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

OF

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is

1. PLACE OF DEATH

Village or City

OCCUPA-

should

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Yaar) 22. I HEREBY CERTIFY. That I attended deceased from If LESS than to have occurred on the date stated abova, at. 1 day,...hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Name of operation __ What test confirmed diagnosis? Was there an autopsy? 23. If death was due to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of injury_____ Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Manner of injury 24. Was disaase or injury in any way ralated to occupation of If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

65

or min.

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11. Total tima (years)

spent in this occupation

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
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1	RE
BINDING	LY, WITH UNFADING INK-THIS IS A PERMANENT REC
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLA

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Worces les .	Registration Dist. No. 352
Village or City Carent wellown near Ber	
	f death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foralgn birth?yrsmos,ds
4	
2. FULL NAME Cyrus W. Jimms	A
(a) Residence: No. When well to the (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR ATTER OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of C	
(or) WIFE of Say 7 1. J. Jemmotres.	22, I HEREBY CERTIFY, That I attanded daceased from
10-11-11	I last saw h aliva on 2 - 3 6 1985 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
9/ 9 25. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca
ormin.	ware as follows: Oreland Hemorrhage Date of one at
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL Peters Ourseur SAW MILL, BANK, atc.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. Place SAW MILL, BANK, atc. 10. Date deceased last worked at this occuration (month and	
this occupation (month and spant in this occupation yaar)	
Mulia d.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Hands June 1915	
14. BIRTHPLACE (city or town) 14. Significant of the state of the sta	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vulsuous	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?
State or country)	Whera did injury occur?
17. INFORMANT Myss. Melissa Brice	(Specify city or town, county and State) Spacify whethar injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) Wilmington, Del.	
18. BURIAL, CREMATION, OR REMOVAL Place Becker 1 Le Monte Web 29, 1935	Manner of injury
Placed Discherge Line 1 Mobate W. X. 1, 19.33	Nature of injury
19. UNDERTAKER W. Burtage	24. Was diseasa or injury in any way related to occupation or decaased?
(Address) Carles no.	'If so, specify
20, FILED Oct. 28, 19 James A. Kyan	(Signad) M. I
Registrar.	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 190	July 5, 1927	Peritonitis	3 days ago
	द्ध पृष्		
N Park			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REUND. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

CTATE	OF	MADVI	ANID	CEDTH	CICATE	- 05	DEATI
STATE	Ur	MARIL	AND-	-CERIII	FICAID	Ur	DEALF

1. PLACE OF DEATH	—— (3D) 11438
County Wor	A Registration Dist. No. 355
Village or City Whales ville M	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	1/h 0 n If U.S. Veteran specify WAR.
7.7.1.	W-V-W-M
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Tem while widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Isaac Warren	
6. DATE OF BIRTH (month, day, end year) 7 mm 5" 1856	I last saw h elive on, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 3. P m.
82 Jl 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of Original Control of Contr
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chr. nefhritis
work wes done, as SILK MILL, Or our surel	x po rug nuus
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dther Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
# 13. NAME Jon othan T. noble	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
E A	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or townly 10 16. State or country)	Accident, suicide, or homicide?
17. INFORMANT YW. F. Names A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place 10.000, 1) L Date 10 - 11, 1935	Nature of injury
19. UNDERTAKER M. So. Watrout Sons	24. Was disease or injury in eny way related to occupation of decored?
(Address) Dear ord Hely	If so, specify
20. FILED 10-14- , 1935 Telen J. Haywa	(Signed) M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EVIEW ALL			
- Land Company of the			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year